



**Children's Safeguarding and
Family Help**

Family, Friends and Fostering
Service

Behaviour management guidelines

Managing behaviour in foster placements

1 Purpose and scope

- One of the key tasks of fostering is to help CLA to achieve good outcomes by promoting positive behaviour and relationships and managing negative behaviour in a manner that is fair, transparent and consistent, and aids the child's development.
- This policy provides guidance to foster carers, supervising social workers and CLA social workers around the management and control of children's behaviour in placement and sets out the accepted framework for dealing with negative behaviours.

2 Principles

- The welfare of the child is paramount and the control and management of their behaviour should safeguard and promote their welfare whilst avoiding infringement of their legal rights or privacy.
- Behaviour management strategies should be based on the positive reinforcement of good behaviour and the development of good relationships between children and carers.
- Foster carers should use a non-confrontational approach and focus on de-escalating situations and negotiating solutions where possible.
- Sanctions and other responses to poor behaviour should be used only as appropriate to the age and development of the child and in proportion to the behaviour.
- Foster carers should help children gain an understanding of their behaviour so that they can take responsibility and develop their own strategies for regulating behaviour.
- Children should be given clear age related information about the expectations regarding behaviour and how it will be managed. Sanctions and other forms of discipline should be fair, transparent and consistently applied.
- All children within the foster home should be treated equally and without prejudice regarding behaviour management.

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- When considering use of behaviour management techniques, foster carers should take into account the child's history and any disability or medical conditions affecting them.
- Foster carers should be aware of their own responses to poor behaviour and try to manage these so that they maintain a detached, professional manner when dealing with issues.
- Foster carers should receive the necessary training and guidance from the Fostering Service to enable them to use behaviour management techniques and implement this policy with confidence.

3 Role of care planning

- Care planning is the key process by which social workers and foster carers can assess a child's behaviour and plan what services and responses will be put in place in order to effectively manage the behaviour and improve outcomes for the child.
- To deal effectively with behavioural issues, foster carers must have an understanding of the issues and what in the child's history or other factors are the main drivers for their behaviour. Therefore, it is important that CLA social workers provide foster carers with relevant information about the child.
- **Assessments** should be able to identify the main triggers for behaviour and also strategies that have been used successfully by previous carers. Subject to their age and understanding, the child should also be consulted on what causes their behaviour and how they think it can be managed, as should their parents where this is appropriate.
- **Placement request records** should provide the Fostering Service with details of any known behavioural issues so that the service is better able to match the child with a foster carer who can manage this behaviour effectively.
- **Care plans and placement agreement plans** should give details of any agreed behaviour management strategies and behaviour issues should be discussed at the placement agreement meeting where strategies should be agreed with all parties.

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- **Risk assessments** should be carried out for any emergency placements and other placements where there are a high level of unknown factors and should look at risks to the carer and their family as well as the child.
- Foster carers should have minutes from any placement disruption meetings or end of previous placement reports where the child's behaviour has been a significant factor in the placement ending. A risk assessment should be carried out prior to placement so that carers are aware of what may trigger behavioural difficulties and what strategies may be successful.
- The impact of any **special needs or disability** on behaviour should be acknowledged and taken into account when devising behaviour management strategies. Expert advice should be sought from other professionals working with the child regarding the impact of medical conditions and other factors on the child's behaviour.
- Relevant training at the level needed for the foster carer to manage behaviour should be provided prior to or as soon as reasonable after placement of the child.

4 Promoting positive behaviour

- Research shows that using positive behaviour management techniques is more effective in helping children who have a reduced understanding and control of their behaviour. This involves:
 - rewarding positive behaviour and celebrating achievement
 - preventing negative behaviours through a full understanding of what causes the behaviours and therefore avoiding triggers
 - diverting the child from negative behaviour.
- Techniques that can be used are:
 - giving the child time and space and ensuring their privacy
 - consulting with the child and making sure they are involved in their care planning and able to make choices
 - providing structured activities
 - reducing demands in periods of high stress such as exams
 - for young people, negotiating what is acceptable behaviour
 - for younger children, use of reward charts
 - helping the child to develop their own coping strategies for stress

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- diverting younger children from situations that cause negative behaviour
- calming and reassuring the child and having an open dialogue that aims to resolve the situation
- establishing clear boundaries and house-rules.

5 Dealing with negative behaviour

Safe caring

- As behaviour management is likely to bring a child into conflict with their carer or involve some physical intervention by the carer, this may give rise to safeguarding issues and allegations.
- This is particularly the case as foster carers will need to balance the management of poor behaviour with the child's general welfare within the wider context of the impact on the rest of the fostering household. For this reason, this policy must be read in conjunction with the Fostering Service safeguarding children and safe caring policy. [safeguarding-children-in-foster-care.pdf](#)
- It is recommended that following a Placement Agreement Meeting, foster carers and their supervising social workers review safe caring arrangements for that particular child in the light of information about their behaviour.

Sanctions

- Sanctions can be used to make children aware of the consequences of their negative behaviour and should help them to think and reflect on what has happened rather than being regarded merely as a punishment. Use of sanctions can also help to set appropriate boundaries on behaviour so that children are aware of the consequences of poor behaviour.
- Sanctions should only be used for behaviour that is unacceptable and the choice of sanction should be proportionate to the behaviour and tailored to the individual child's needs with the aim of helping them understand the importance of managing their own behaviour.
- All sanctions should be time-limited and chosen on the basis that they are likely to bring about a change in behaviour. Sanctions that can be used include:

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- loss of privileges or cancellation of any planned treats
 - withholding pocket money but only in order to pay for any damage to property
 - confiscation of items considered harmful to the child or personal possessions such as play stations etc (but not items the child uses as a comforter)
 - additional household chores as long as these are reasonable
 - grounding, “time out” or earlier bedtimes.
- Sanctions that **cannot** be used include:
 - any corporal punishment or physical force such as hitting, slapping, pinning up against walls or rough handling
 - punishments designed to be humiliating, such as wearing inappropriate clothing
 - refusal of meals or drinks or denying access to normal amounts of food and drink
 - use of or withholding medication or medical or dental treatment
 - restrictions on agreed contact with family, independent visitor etc
 - deprivation of sleep
 - enforced isolation or locking children in their room (unless this is necessary to prevent serious harm)
 - use of intimate personal searches (see section 6.5)
 - use of fines except to pay for damages
 - involving other children in the administration of sanctions
 - any threat to use any of the above.

Restorative approaches and police involvement

- Camden recognises that foster carers have a right to involve the police in serious incidents so that they can protect themselves and their family and property, and that they have the right to press charges against young people in their care where they have been assaulted or property has been seriously damaged.
- Camden also believes that where a young person engages in anti-social and criminal behaviour, they should expect to be dealt with via the police and criminal justice system as a consequence of this.

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- However, it is Camden's policy that wherever possible, CLA are not criminalised unnecessarily and that restorative justice approaches such as conferences or mediation are used to deal with less serious incidents.
- Foster carers should refer to the *Reducing the criminalisation of CLA* protocol for details on how to respond to incidents in a proportional and appropriate manner based on the seriousness of the incident. [reducing-criminalisation-of-lac-protocol.pdf](#)
- Any decision regarding involving the police or not should be clearly recorded in any log of the incident. Except in emergency situations, decisions to involve the police should be taken following discussion with the young person's social worker and the foster carer's supervising social worker.

Searches

- In general, Camden does not permit the use of searches either of the child or their property such as bags as this is an infringement of their privacy. However carers may carry out searches with the young person's consent or if there is a strong suspicion that the young person has drugs or weapons in their possession and a search is needed to help safeguard the young person.
- Details of when and how searches can take place are set out in the *Reducing the criminalisation of CLA* protocol. [reducing-criminalisation-of-lac-protocol.pdf](#)
- All searches must be carried out with the young person present and should be discussed and agreed with the young person's social worker in advance.
- In the event that the young person resists any search and the foster carer and social worker remain concerned that they are in possession of drugs or weapons, a decision may be made to report the young person to the police. The young person should be made aware of this possible course of action.

Restriction of liberty

- In general, foster carers should not restrict children's movement by locking them in rooms unless they are at immediate risk of serious harm from a visitor or another child and they need to be temporarily separated for their own safety.

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- Foster carers may obstruct a child from exiting a room if this is time-limited and used with other diversionary techniques. This may be useful for younger children.
- For those children who run away from placement and put themselves at risk of harm as a result, foster carers may consider use of physical interventions to try to keep the child in the placement and these should be discussed in advance at the placement agreement meeting.
- However, in some cases it may not be appropriate to do this and foster carers may need to allow the child to leave then call the police and notify the social worker, in line with Camden's missing children protocol.

6 Use of physical intervention and restraint

- Physical intervention involves the use of physical means in order to control the child's behaviour or movement. It covers a range of interventions from "light touch" contact such as gently guiding a child away from a situation to the intrusive physical restraint of a child.
- Physical interventions are one of many strategies that can be used by foster carers to influence children's behaviour but should be used only as required to protect the child and others from harm. Physical methods of control must be used appropriately and proportionally and following consideration of the impact on the child.
- For example, while most children will respond positively to physical contact with carers, some may misinterpret this so it is important foster carers consider the child's history when using interventions and build this into a safe caring policy. This should be discussed at the placement agreement meeting and built in to any amendment of the carer's safe caring policy for that child.

There are 3 levels of physical intervention:

Non-restrictive methods of physical intervention: These are likely to be used mainly for younger children and generally represent normal contact as would arise from parenting. They involve a low level of physical contact with the child of a very short duration, for example:

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- touching and normal physical contact as would be expected between parents and children, for example to reassure or comfort a distressed child
- gently holding a child, for example to discourage them from doing something that would harm them or guiding a child away from danger
- obstructing, for example standing in the doorway to stop a child from entering or leaving somewhere.

Limited restriction interventions: These involve a more robust response where the child is older and requires a higher degree of intervention in order to stop them from injuring themselves or others or to avoid an obvious hazard. This intervention should not seek to overpower the child or restrict their movement but should allow for safe movement.

The child may require holding for a short duration while carers explain the danger they are in and help them to understand the risks. Examples include holding a child to stop them from walking into a busy road.

Intrusive physical restraint: This involves overpowering a child in order to severely restrict their movement.

- This level of intervention can only be legally used where there is a reasonable belief that the child or others are at risk of serious injury or there may be serious damage to property without intervention.
- It should only be used as a last resort and where all other methods of de-escalating the situation have failed and only by foster carers who have received the appropriate training.
- Use of restraint must be discussed and agreed in advance at the placement agreement meeting where a child's known behaviour warrants this and that the child is aware that this method of behaviour management may be used.
- Restraint must not be used as any form of punishment or retaliation or in situations that do not warrant its use. It should be used only once in relation to any incident.
- It is important that carers are confident that use of restraint would be successful in dealing with the situation. Restraint should not be used if it is not likely to be successful in calming the situation and might put the foster carer at risk of injury. In these cases, where there is a high level of risk to household members, it may be advisable for the carer to call the police.

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Using physical restraint

Before using any form of restraint the foster carer must be sure they have reasonable grounds for believing that immediate action is needed to prevent serious injury or damage and should:

- consider the impact of restraint on the child
- consider any medical conditions or disabilities that may exacerbate the impact of physical restraint
- continue to talk to the child to de-escalate the situation
- warn the child what will happen and give them an opportunity to avoid use of restraint
- ensure other children in the placement do not witness the restraint
- ideally have the assistance of another carer.

During the restraint foster carers should:

- only use reasonable force
- only use restraint methods for as long as it takes for the child to calm down and the situation to return to normal and ideally for no more than 10 minutes at a time
- continue to talk calmly to the child and reassure them, explaining what is happening and why and what they need to do to calm down
- try to remain calm and in control themselves
- disengage the child from restraint slowly as the child gains control of their emotions.

Restraint should not involve

- restriction of breathing or circulation
- flexing or bending limbs or fingers
- sitting on the child,
- pinning the child to the floor or wall
- deliberately bringing the child down to the floor
- hitting or punching the child
- contact that could be interpreted as sexual in nature

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- locking a child in their room
- more adults than are required to carry out the restraint.

Action following intrusive restraint incidents

- Following any incident involving restraint, children and carers will need to discuss what happened and why so that they can explore their feelings and develop ways to avoid use of restraint in the future.
- The child's social worker and the supervising social worker must be notified immediately. The child's social worker should visit the child to gain their views and perspective on the incident and record this in the case notes of the child's record. It may be necessary for a child to see their GP following the incident if any injury has arisen as a result of the restraint.
- Carers should record the incident in detail as soon as possible afterwards, using the incident sheet shown at appendix 1 and noting the following:
 - what happened prior to the incident, what were the triggers?
 - what behaviours did the child exhibit?
 - what other methods of de-escalation were used?
 - why was restraint considered necessary?
 - how was the child restrained?
 - what was the outcome of the restraining incident?
- The incident sheet should be passed to the child's IRO, who should meet with the child's social worker and the supervising social worker to discuss what support needs to be provided to the child and the foster carer and what impact the incident may have had on their relationship.
- Incidents of physical restraint must be discussed at the next scheduled statutory CLA review. If there are more than 2 incidents of physical restraint within a period of 3 months, the review should consider whether behaviour management techniques in the placement are able to meet the child's needs and what needs to be done to improve matters.

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7 Reporting and recording

- Any incidents of challenging behaviour and how the behaviour was managed should be recorded in the foster carer's daily log-book.
- Use of physical restraint should be recorded as set out in section 6.4 above.
- All incidents of physical restraint or intervention should be reported to the supervising social worker and the CLA social worker. IROs should be informed of the use of any physical restraint.
- Foster carers and their supervising social workers should look for patterns of behaviour and any escalation of negative behaviour and report these to the CLA social worker and the child's IRO.
- The statutory CLA review should be used as a forum to monitor and analyse the child's behaviour and responses from foster carers to ensure that the current behaviour management strategy remains appropriate to the child or whether new methods may have to be considered.

8 Support for foster carers

- Camden owes a duty of care to foster carers and aims to support them and ensure their safety whilst looking after children in their care. It is recognised that dealing with challenging behaviour is perhaps the most difficult aspect of foster care and one that generates the most complaints and allegations.
- However, foster carers must recognise that Camden expects the highest level of care for CLA, and support will be based on the assumption that the foster carer has at all times acted reasonably and with the child's best interests in mind and that their actions are compliant with this policy.
- Support for carers dealing with difficult behaviour can be sought from the child's social worker, the supervising social worker, and out of hours provision. Forums such as the Camden Association of Foster Carers or fostering mentors can also provide newly approved carers with guidance and advice on behaviour management techniques.
- All foster carers will receive training on behaviour management and use of restraint and these courses will be offered on an annual basis to ensure all carers can access the course.

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- Foster carers should ensure that their safe caring policy is updated whenever a child joins their household who has known behavioural difficulties.
- Where there are serious concerns about a child's behaviour or behavioural difficulties appear to be escalating and normal methods of behaviour management are not working, foster carers must seek help from their supervising social worker and CLA social worker. A referral to CAMHS may be made in respect of the child in order to provide extra support and resources.
- Camden accepts that in extreme circumstances where foster carers are at risk of serious harm from assault from a young person in their care, it may be necessary for the carer to use self-defence techniques to protect themselves or other members of the fostering household. In these cases, foster carers may use reasonable force and "breakaway techniques" in order to summon help or phone the police.

10 Complaints

- In cases where there are allegations relating to the improper use of sanction and physical intervention, the Fostering Service will look at whether the foster carer has acted:
 - reasonably
 - in accordance with this policy
 - in the child's best interests.
- If this is not the case, the Fostering Service may consider taking action under care standards and/or child protection procedures. Please see the *Complaints and allegations* policy for more details.
[Fostering 9 - Complaints and allegations against foster carers.docx](#)
- If foster carers are not happy about the level of support they are receiving around a child's behaviour, this should be raised with their supervising social worker and if a suitable response is not provided, a further referral to the Fostering manager. Foster carers may also use Camden's complaints procedure.

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Appendix 1:

Incident Report Sheet

Note: The daily/weekly log kept by foster carers for all Looked After Children should be used to record routine information about the child or young person. This record should only be used when there is a significant incident in relation to a child or young person, for example:

- where there is a serious accident or incident resulting in injury or harm to the child or young person or others
- where it has been necessary to restrain a child or young person
- where significant damage is caused to property.

The child's social worker should be informed as soon as practicable when there has been a significant incident. Please ask your supervising social worker for assistance in completing this form if necessary.

Name of Child:	Date and time of incident/accident:
Carers home address:	Where incident/accident happened:

Context:

1.	What were you doing when the incident took place?
2.	What signs of discomfort were being communicated by the child and steps taken to avoid confrontation?

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3.	How was the child warned of the consequences of continuing behaviour? What strategies were used to de-escalate the situation?
4.	What was the child' s response?
5.	Who was at risk of injury/serious damage and why it was necessary to intervene at this point?
6.	Explain what triggered/led to the incident if known?
7.	Who was involved in the incident and what actually happened? Be as specific as possible (e.g. method used and by whom; duration of restraint/accident/incident; other witnesses; steps taken to gain assistance, details of any structural damage or injury to anyone)

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Aftermath:

8.	How was the incident concluded?
9.	Steps taken over any injuries:
10.	Effects on child/resulted change in activities:
11.	Who was notified of the incident?
12.	Who consulted the child and when?
13.	Child' s response:
14.	Name of person completing the form: Signed: Date:

CSFH Response:

15.	Was restraint in keeping with existing care plan?
16.	Steps taken to avoid further difficulties:
17.	Will any kind of placement meeting or early review be convened?
Signed: (FSW) Date: Signed: (Child' s SW) Date:	